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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/202,283 05/05/2000  
 and claims benefit of 60/202,284 05/05/2000  
 and claims benefit of 60/229,136 08/30/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## F REQUIRED, FOREIGN FILING LICENSE GRANTED

\* 06/28/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 10	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>M. [Signature]</i> Initials: <i>[Signature]</i>				

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## TITLE

Remote control for a hospital bed

FILING FEE

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